

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA FORM 460

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For Official Use Only

Date Stamp

RECEIVED

JUL 23 2021

CITY OF LINCOLN

Statement covers period
from 01/01/2021

through 06/0/2021

Date of election if applicable:
(Month, Day, Year)

11/3/20

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1387027

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Karleskint for City Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Lincoln CA 95648

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

campaign2020@karleskint.com

Treasurer(s)

NAME OF TREASURER

Elizabeth Karleskint

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Lincoln CA 95648

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

campaign2020@karleskint.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and in the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/16/2021
Date

Executed on 7/16/2021
Date

Executed on
Date

Executed on
Date

By [Redacted] Treasurer

By [Redacted] or Responsible Officer of Sponsor

By [Redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Redacted] Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/01/2021
through 06/0/2021

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Karleskint

I.D. NUMBER

1387027

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 0.00	\$
2. Loans Received..... Schedule B, Line 3	\$ 0.00	\$ 1350.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 0.00	\$
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0.00	\$
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 0.00	\$

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 0.00	\$
7. Loans Made..... Schedule H, Line 3	\$ 0.00	\$
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 0.00	\$
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0.00	\$
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0.00	\$
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 0.00	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 761.23
13. Cash Receipts..... Column A, Line 3 above	\$ 0.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$
15. Cash Payments..... Column A, Line 8 above	\$ 0.00
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 761.23

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 1350.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.